

TheUpshot.*Online*

A publication of the Texas Department of State Health Services Immunization Branch

Raising Vaccine Coverage Levels: Understanding the National Immunization Survey Data

By Jack Sims, Manager, Immunization Branch

On July 26th, the Centers for Disease Control and Prevention (CDC) released data from the National Immunization Survey (NIS). The NIS is the source from where states get their vaccine coverage level data.

There are several measures published by the CDC: 4:3:1 (4 doses of diphtheria/tetanus/pertussis, 3 doses of polio, and 1 dose of measles/mumps/rubella); the 4:3:1:3:3 (adds hepatitis B and *Haemophilus influenzae* type b); and the 4:3:1:3:3:1 (adds varicella).

These combination measures indicate a lower vaccine coverage level than the level for individual vaccines. But when you take a closer look at the data and look at the individual vaccines, you can clearly see why vaccine coverage levels in Texas are low.

♦ 3 DTaP	91.6%	♦ 3 Hib	89.4%
♦ 4 DTaP	78.2%	♦ 3 Hep B	88.3%
♦ 3 Polio	87.0%	♦ 1 Varicella	84.8%
♦ 1 MMR	89.2%		

The drop-off rate from three doses of DTaP to four doses was 13.4% during 2004. Another notable difference is the difference between MMR and varicella, 4.4%, since both of these vaccines are usually administered simultaneously.

- ♦ The goal is to raise all levels to 90%.
- ♦ The challenge is to identify the children who do not return for immunizations at 15 to 18 months and remind them that they are not fully protected.
- ♦ Health care providers may also administer DTaP as early as 12 months of age if they believe the child will not return at 15 to 18 months of age.

The Department of State Health Services encourages you to examine the health care delivery system in your practice or clinic and include strategies that target the fourth DTaP.

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Governor Rick Perry and the 79th Legislature have also appropriated funds for hepatitis A and pneumococcal vaccines as well as passing a law to require these vaccines for children attending childcare and pre-kindergarten programs. In the future, the CDC is expected to add these vaccines to the list currently measured in the National Immunization Survey. The appropriation of these funds gives Texas the opportunity to fully implement these vaccines in our healthcare delivery systems and the opportunity to increase our vaccine coverage levels and protect the children of Texas against these diseases. ♦

New Immunization Requirements

By Monica Gamez, Immunization Branch

The Department of State Health Services (DSHS) announces new immunization requirements for children attending childcare, Head Start, and pre-kindergarten programs.



Beginning September 1, 2005 children attending childcare facilities, including pre-kindergarten, Head Start, and other early childhood programs, must comply with the following new immunization requirements:

- ♦ Children 2 months through 59 months of age shall be vaccinated against invasive pneumococcal disease.
- ♦ Children 2 years of age and older shall be vaccinated against hepatitis A disease.

Why the new requirements?

Pneumococcal disease is an infection caused by the bacteria *Streptococcus pneumoniae*, also known as pneumococcus. The most common types of infections caused by these bacteria include middle ear infections, pneumonia, blood stream infections (bacteremia), sinus infections, and meningitis. It is spread from person to person through direct

contact with the secretions from an infected person's nose or throat. Pneumococcal infections are hard to treat because the bacteria are becoming increasingly resistant to antibiotics.

Hepatitis A is a liver disease commonly associated with food servers. It is spread easily in a childcare setting. Generally, it is transmitted from person to person by putting anything in the mouth that has been contaminated with the stool of a person with hepatitis A. Most children under the age of six years who get infected with this disease do not show any signs of illness. An infected person can spread the virus to other people from about a week before symptoms appear until about a week after. People without symptoms can still spread the disease.

**Find out more about the
new childcare & pre-K requirements:
[http://www.tdh.state.tx.us/immunize/
school_new_reqs.htm](http://www.tdh.state.tx.us/immunize/school_new_reqs.htm)**

Vaccination protects children against hepatitis A and pneumococcal disease.

Children should routinely get four doses of the pneumococcal vaccine: one dose each at 2, 4, 6, and 12-15 months of age. Children who begin the series at a later age may not need as many doses. (See page 13)

- ♦ The pneumococcal conjugate vaccine (PCV7) is required for all children attending child-care facilities aged 2 months through 59 months of age;

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Vaccine Services *Updates*

Updated Texas Vaccines For Children Provider Tool Kits

By Amy Schlabach

The Texas Vaccines for Children Program (TVFC) has released an updated version of the TVFC Provider Tool Kit. All TVFC providers should receive a new tool kit or tool kit contents by the end of the year. Tool kits will be distributed to providers at the time the annual site visit is conducted. Providers that had their 2005 site visit before June should contact their region or local health department to request current tool kit information.

New forms and posters are included in the updated tool kit. Please begin using the new forms and hang all new posters. Some items in the tool kit were not updated. Department of State Health Services (DSHS) Immunization Branch, requests that the following items from the older tool kit be transferred to the updated tool kit:

- Vaccine Techniques Video
- *The Story of the Shots*
- Section 6: Reportable Conditions Information

Please contact your Health Service Region or local health department for more information. ♦

Meningococcal Vaccine Not Yet Available Through Texas Vaccines for Children Program

By: Charlotte Hunter

Effective February 10, 2005 the Advisory Committee on Immunization Practices released a resolution to add meningococcal conjugate vaccine (MCV4) and meningococcal polysaccharide vaccine (MPSV4) to the Vaccines for Children Program. The resolution also clarifies the use of MCV4 vs. MPSV4 and the indications for the use of both vaccines.

While MCV4 and MPSV4 have been added to the Vaccines for Children Program (TVFC), funding for these specific vaccines has not yet been awarded for Texas by Centers for Disease Control and Prevention (CDC) at this time. The TVFC will notify providers via official memorandum when meningococcal vaccine becomes available to TVFC providers. Please contact the manufacturer to purchase vaccine for your private inventory. ♦

Expired Influenza Procedure

By: Charlotte Hunter

Clinics enrolled in the Texas Vaccines for Children Program must destroy all state-supplied influenza vaccine remaining in inventory. The vaccine expired on June 30, 2005. The influenza vaccine does not need to be returned to the DSHS for the 2004-05 influenza season only. It should be discarded as medical waste.

In general, all unopened, unused vials of vaccine need to be returned to the DSHS. The DSHS reserves the right to make exceptions. In this case, returning these vaccines is not cost effective.

Next season, influenza vaccine will be placed on the National Childhood Vaccine Injury Table and will then have the seventy-five cent excise tax placed on it. Next influenza season, all unopened unused vials of influenza vaccine will be returned to DSHS in the same manner as other state-supplied vaccines.

Please contact your TVFC or Health Service Region consultant if additional information is needed. ♦

Pneumococcal and Hepatitis A Vaccine Expansion

By: Karen Hess

Governor Rick Perry and the 79th Texas Legislature have appropriated funds to expand the availability of pneumococcal and hepatitis A vaccines through the Texas Vaccines for Children Program (TVFC). In addition to this expansion, the new legislation will require that children attending childcare and pre-kindergarten programs be vaccinated against invasive pneumococcal and hepatitis A diseases. If children do not have at least the first doses of these vaccines by September 1, 2005, they may be excluded from childcare and pre-kindergarten program attendance. The TVFC implementation policies and timelines follow.

Hepatitis A Vaccine

Effective August 1, 2005, the hepatitis A vaccine will be a routinely recommended vaccine for all children in Texas two years through 18 years of age. Beginning with July, providers in all Texas counties may order the vaccine through the TVFC. During the month of August, special emphasis should be given to children who attend childcare or pre-kindergarten programs.

Pneumococcal Conjugate Vaccine (PCV7)

Currently, only federal TVFC-eligible children may receive PCV7 through the TVFC; underinsured children must be referred to Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC) to receive this vaccine. Effective August 1, 2005, all TVFC-eligible children who are two months through 59 months of age **and** who attend childcare or pre-kindergarten programs may receive PCV7 from any provider participating in the TVFC and do not need to be referred to a FQHC or RHC. All TVFC physicians who serve children attending daycare facilities should assess their needs and include the PCV7 vaccine in their July orders in preparation for the childcare and pre-kindergarten requirements.



Effective September 1, 2005, the eligibility system for PCV7 will be simplified and all underinsured children statewide who are two months through 59 months of age may begin receiving PCV7 at any clinic enrolled in the TVFC. Underinsured children will no longer need to be referred to a FQHC or RHC for this vaccine.

Pneumococcal Polysaccharide Vaccine (PPV23)

The pneumococcal polysaccharide vaccine is available through the TVFC only for high-risk children who are two years through 18 years of age. This vaccine comes in five-dose vials and may be ordered with regular monthly orders using the Biological Order Form (C-68). High-risk children include those with:

- ♦ Functional or anatomic asplenia.
- ♦ Chronic illnesses (diabetes mellitus, CSF leak, chronic cardiovascular disease, or chronic pulmonary disease, excluding asthma).
- ♦ Immunocompromising conditions (leukemia, lymphoma, Hodgkin's disease, multiple myeloma, malignancies, chronic renal failure, nephrotic syndrome, organ or bone marrow transplant, immunocompromising medications, or HIV infection).

The Centers for Disease Control and Prevention has published recommendations for usage of both PCV7 and PPV23 for high-risk children. The report is available at the internet address <http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm>.

For dosing and scheduling of PCV7 and PPV23, please refer to the manufacturer's package inserts.

The Medicaid billing code (CPT) for each vaccine is as follows:

- ♦ Hepatitis A 90633.
- ♦ PCV7 90669.
- ♦ PPV23 90732.

For additional questions regarding Medicaid billing, please contact the Texas Medicaid and Health Care Partnership at (800) 925-9126. If you have questions or need additional information regarding the TVFC, please contact your Health Service Regional office. ♦

Vaccine Storage and Handling Guidelines

By: Charlotte Hunter

Hurricane season is now upon us, which means a greater chance of vaccine loss. During this time we would like to send a friendly reminder about vaccine storage and handling guidelines. While not all vaccine losses can be prevented, following the guidelines below will ensure you are doing everything you can to protect your vaccine. Recommendations for storage and handling include:

- ◆ Make sure all staff are trained on proper storage and handling of vaccines.
- ◆ Add water bottles to refrigerator and ice packs to freezers that store vaccine. This will help maintain the temperature of the unit longer in the event of a power outage.
- ◆ Make sure all vaccine is stored in the central area of the refrigerator or freezer (not in vegetable or meat bins). Vaccine should be stored with enough room for air to freely circulate around the product.
- ◆ Attach plug guards to all units containing vaccine. If the plug guard does not fit, tape the cord to the wall. Refrigerators and freezers containing vaccine should never be plugged into a surge protector.
- ◆ Display a warning sign (*Do Not Disconnect*) on each refrigerator or freezer unit that contains vaccine or near the outlet where each unit is plugged in.
- ◆ Ensure that one working thermometer is placed in the central area of the refrigerator and another placed in the central area of the freezer. Make sure that all staff can properly read the thermometers.
- ◆ Make sure that appropriate stock levels are maintained - a 60-day maximum stock level is recommended.
- ◆ Make sure a current vaccine management protocol is accessible to all staff pertaining to vaccine retrieval and storage in the event of a power failure or mechanical difficulty. This plan should include a current contact name, current phone number, and where the vaccine will be transferred (including their phone number and address). All staff should be familiar with the emergency event plan.

In taking a pro-active approach to maintain vaccine efficacy, we hope to avoid any unnecessary losses. More information can be found on the Centers for Disease Control and Prevention's website located at <http://www.cdc.gov/>. Thank you for your continued efforts in trying to maintain valuable vaccines to provide to the children of Texas.◆

Status of Licensure and Recommendations for New Vaccines- From Red Book® Online ♦ Updated August 1, 2005

Vaccine	Manufacturer	BLA submitted to the FDA	BLA age indications**	FDA licensure status	Status of AAP/ACIP recommendations***
MCV4 (Menactra™)	sanoft pasteur	Dec-03 Supplement to original BLA March 2005	11-55 years of age 2-10 years of age	Licensed 14-Jan-05 To be reviewed	AAP: www.aap.org/advocacy/releases/menpolicyfinal.pdf MMWR: www.cdc.gov/mmwr/preview/mmwrhtml/r5407a1.htm Pending FDA licensure
Varicella virus second dose (Varivax®)	Merck	Supplement to original BLA: optional second dose	children 12 months to 12 years of age (3 month minimum interval)	Licensed 5-Apr-05	Pending review
Tdap (Boostrix™)	GlaxoSmithKline (GSK)	Jul-04	10-18 years of age	Licensed 3-May-05	NIP: http://www.cdc.gov/nipvaccine/tdap/default.htm
Tdap (ADACEL™)	sanoft pasteur	Aug-04	11-64 years of age	Licensed 10-June-05	NIP: http://www.cdc.gov/nipvaccine/tdap/default.htm
MMRV (PROQUAD®)	Merck	Aug-04	Same as for MMR dose 1 or dose 2	To be reviewed	Pending FDA licensure
Hepatitis A (VAQTA®)	Merck	Supplement to original BLA	greater than or equal to 12 months	To be reviewed	Pending FDA licensure
Hepatitis A (HAVRIX®)	GlaxoSmithKline (GSK)	Supplement to original BLA	greater than or equal to 12 months	To be reviewed	Pending FDA licensure
Rotavirus (ROTATEQ®)	Merck	Apr-05	2, 4, and 6 months of age	To be reviewed	Pending FDA licensure
Zoster vaccine (ZOSTAVAX™)	Merck	Apr-05	older adults	To be reviewed	Pending FDA licensure
Influenza (Fluarix™)	GlaxoSmithKline (GSK)	May 25, 2005	over 18 years of age	To be reviewed	Pending FDA licensure
HPV (Gardasil™)	Merck	Possible submission 4th Quarter 2005	11-26 years of age (3 doses)	Pending BLA submission	Pending FDA licensure
HPV (Cervarix™)	GlaxoSmithKline (GSK)	TBD	Pending submission	Pending BLA submission	Pending FDA licensure

Table updated 8/1/05

BLA = biologics license application, VRBPAC = Vaccines and Related Biological Products Advisory Committee, FDA = Food and Drug Administration
 AAP = American Academy of Pediatrics, ACIP = Advisory Committee on Immunization Practices, MCV4 = Meningococcal conjugate vaccine
 MMRV = measles, mumps, rubella, varicella, Tdap = Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, absorbed
 HPV = human papillomavirus vaccine
 * information from vaccine manufacturers, from ACIP meetings and from AAP
 ** age licensure can change following FDA review, not final until package insert approved
 *** ACIP recommendations become official after approval by the CDC Director and Department of HHS and publication in MMWR; AAP recommendations become official after approval by the Board of Directors

Upcoming *Events*

National Immunization Awareness Month (August)

Adapted from Centers for Disease Control and Prevention



August is recognized as National Immunization Awareness Month (NIAM). The goal of NIAM is to increase awareness about immunizations across a person's lifespan, from infants to the elderly. International organizations throughout the Americas participate.

This year's campaign is focused around the theme, "Are You Up to Date? Vaccinate!," to remind people of all ages of the importance of immunization. August is the perfect time to remind family, friends, co-workers, and those in the community to catch up on their vaccinations. Parents are enrolling their children in school, students are entering college, and health care workers are preparing for the upcoming flu season.

Immunization was one of the most significant public health achievements of the 20th century. Vaccines have eradicated smallpox, eliminated wild poliovirus in the United States and significantly reduced the number of cases of measles, diphtheria, rubella, pertussis and other diseases. But despite these efforts, tens of thousands of people in the United States still die from these and other vaccine-preventable diseases.

Vaccines offer safe and effective protection from infectious diseases. By staying up to date on the recommended vaccines, individuals can protect themselves, their families and friends and their communities from serious, life-threatening infections.

Getting immunized is a lifelong, life-protecting community effort regardless of age, sex, race, ethnic background or country of origin. Recommended vaccinations begin soon after birth and continue throughout life. It is critical to protect ourselves and our community from disease by being aware of the vaccines that are recommended for infants, children, adolescents, adults of all ages and seniors, and by making sure that we receive these immunizations.

Because children are particularly vulnerable to infection, most vaccines are given during the first five to six years of life. Other immunizations are recommended during adolescent or adult years and, for certain vaccines, booster immunizations are recommended throughout life. Vaccines against certain diseases that may be encountered when traveling outside of the United States are recommended for travelers to specific regions of the world.

A variety of resources promoting immunization and NIAM, including brochures, stickers, posters and information about various community initiatives, are available by visiting the National Partnership for Immunization (NPI) web site at www.partnersforimmunization.org. In Texas, you may contact your Health Service Region.

To request your complimentary copy of the NIAM Promotional Kit, contact NPI by telephone at (703) 836-6110 or by e-mail at npi@hmhb.org. Additional copies may be obtained for a fee, and may be ordered downloading the order form (for printing) or by using the orderform. Items available are: A Parent's Guide to Vaccine Safety Brochure, NIAM brochures, NIAM bookmarks, NIAM stickers, and a NIAM poster.

Your program can send information on all planned activities you will sponsor and/or to which you contribute in August celebrating NIAM for possible publication in upcoming *UpShot* issues. You may send your contributions by e-mail to Maria.Maldonado@dshs.state.tx.us. Photographs are welcomed!



Mark Your Calendars: National Adult Immunization Awareness Week is September 25- October 1, 2005.

The CDC website provides resources to help educate consumers and health care workers about adolescent and adult immunization. Visit <http://www.cdc.gov/nip/events/naiaw/default.htm> for updates.

Community *Partnerships*

“The Vaccinators” Make Their Debut!

By Vivian Harris, Disease Prevention and Intervention, and Frankie Milley, Meningitis Angels Project



Photo Courtesy of Frankie Milley

“**The Vaccinators**” made their debut performance at the Texas Immunization Stakeholder Working Group meeting held on June 23, 2005, in Austin. “The Vaccinators” is a creation of Frankie Milley and a project of Meningitis Angels (<http://www.meningitis-angels.org>), a non-profit organization founded by Mrs. Milley in memory of her son Ryan, who died from meningococcal meningitis at the age of 18. “The Vaccinators” are kids and teens educating their peers through music, dance, and personal stories of faith, courage, and survival of a vaccine-preventable disease. They promote prevention by living healthy lifestyles and by getting vaccinated.

This new awareness and advocacy group will educate children and teens on the importance of preventing meningitis and other vaccine-preventable diseases and on the importance of getting the vaccines needed for this age group, as recommended by the Advisory Committee on

Immunization Practices and by the national Centers for Disease Control and Prevention.

There are presently 13 members of this essential awareness group, including five meningitis survivors: 14-year-old Leslie Meigs from Texas, who was recently interviewed by the Associated Press of Chicago; 18-year-old Amanda Shirley from Tennessee, who is blind as a result of pneumococcal disease; 15-year-old David Schattel from Texas, who lost both legs and a hand due to meningococcal disease; 14-year-old Buzz Harras from Colorado; and 11-year-old Carye Wynn from New Jersey. Other members include

11-year-old Summer Stokes and 12-year-old Lacey Lewis from Texas, who remember their cousin, Ryan Milley; Jessica Zevalla from Humble, Texas; Cameron Mears, Stephanie Bray, and Ryan Wallace, whose mother is a survivor of *Haemophilus influenzae* type B Hib meningitis; Eron Luna from Porter and New Caney, Texas; and Meghan Dodd from Kingwood, Texas. “We are very fortunate to have this very committed and highly energetic advocacy group to carry this importance message across the state to other youth,” says Jack Sims, Manager of the Immunization Branch of the Texas Department of State Health Services.

For more information, please visit “The Vaccinators” at <http://www.thevaccinators.org>. To arrange for interviews and performances, contact Frankie Milley at fmilley@aol.com or by telephone at (713) 444-1074. For more information about the Texas Immunization Stakeholder Working Group, contact Vivian Harris at Vivian.Harris@dshs.state.tx.us. ♦

Blended Learning: What Is It and How to Use It

By Kathryn Johnson, Public Information, Education, and Training Group

What Is It?

Adults have many different learning styles that should be taken into consideration when designing and developing training strategies. Blended learning is a combination of e-Learning (computer-based training) and face-to-face instruction. The goal of blended learning is to achieve maximum effectiveness by matching the best medium to each learning objective or course segment.

Blended learning combines two or more training delivery methods. It includes but is not limited to web-based courses, satellite broadcasts, sharing knowledge or knowledge-management practices, printed self-study courses, and face-to-face instruction.

Why Use It?

According to DeLacey and Leonard, Professors at the Harvard Business School, participants learn more when e-Learning sessions are added to traditional courses. Participants learn more quickly and have speedier performance on real-world tasks when blended learning strategies are applied. Additionally, there is increased participant interaction and overall learning satisfaction. Providing several learning options along with face-to-face instruction increases the participants learning retention.

Here are the advantages of a few of the training deliveries:

Classroom/Instructor-led: This training method is good for workshops, coaching, learning exercises, feedback on activities, and paper-based tests.

Self-paced e-Learning: This training method is good for simulations, online case studies, interactive learning modules, e-mail interactions, online assessments, and other forms of computer-based training.

Live e-Learning: This delivery training method is good for application exercises, online coaching, and interaction among participants, assessments, chats, and instant messaging.

In summary, blended learning can increase motivation to learn, job performance, enhance learning satisfaction, and can provide the combination of tools and media needed to make the biggest impact for the lowest investment. ♦



Did you know?

The National Center for Infectious Disease's Traveler's Health webpage provides an array of vaccination-related information for the would be travelers. The webpage contains vaccination recommendations, information on how to obtain an International Certificate of Vaccination, and advisories on countries with ongoing outbreaks of vaccine-preventable diseases. It includes a link to the "Yellow Book," a comprehensive health guide for the international traveler. Visit the webpage at <http://www.cdc.gov/travel/>.

New Employee *Corner*

Tim Hawkins ♦ Program Specialist
Services and Data Coordination Group



Tim Hawkins tells us: "As a Program Specialist III with the Services and Data Coordination Group, I will be an active team member involved with planning, policy, and coordination. I recently completed my Masters in Public Administration with a concentration in public policy from Louisiana State University. My undergraduate degree is in anthropology with an emphasis on Latin American culture and geography. Additionally, I worked as a graduate assistant and policy intern with the Louisiana Office of the Governor, Louisiana Children's Cabinet, Juvenile Justice Implementation Commission, and the Louisiana Children's Coalition. I have a background in clinical research. My interest in the public health field was sparked after having served as a Hospital Corpsman with the U.S. Navy."

Ruben Estrada ♦ Public Health Technician
Texas Vaccines for Children Group

Ruben Estrada tells us: "Before working for the DSHS, I was on active military duty for 22 years as a hospital corpsman, preventive medicine technician, and medical technician and an instructor for the United States Navy. I retired on December 14, 2004 and my last duty station was the Marine Corps Air Station Iwakuni, Japan.

My job now as a vaccine consultant for Health Service Regions 9/10 and the city of Houston is to conduct quality assurance site visits, vaccine ordering, and provider reenrollments. I also support TVFC provider recruitment activities, provider training and education, and support for the Clinic Assessment Software Application (CASA) for my regions.

I've managed to stay married for these past 22 years with my wonderfully supportive wife, Mary. We have three children, my son, James, 20, daughter Adriana, 18, and my little one, Jessica, 7. Yes, I know that it seems like a big gap between daughters, but, no, Jessie was no accident; she was expected just much sooner and took her time about coming to us. I was very fortunate throughout my time in the Navy because we were almost always together. My children saw a lot of different parts of the states and some places overseas. I did a little bit more traveling throughout Asia and the Middle East but my list would be a little long, so I won't bore you by listing them. I'm very happy to be here not only working for DSHS, but also to be home at last in my home state of Texas."



Maribeth Bartz ♦ Program Specialist
Texas Vaccines for Children Group

Maribeth Bartz has been hired as a Program Specialist for the Vaccine Services Group as the Pharmacy Inventory Control System (PICS) coordinator to lead the conversion into PICS for the immunization program. Maribeth tells us: "I work for the Texas Vaccine for Children group. I had retired in September 2004 and enjoyed 7 months of travel, relaxation, and lots of FUN!!! Previously I had been employed as the Region 7 immunization program manager for over ten years."

Kevan Bauer ♦ Program Specialist
Health Service Region 4/5N



Kevan Bauer joined DSHS in 1999. For the past six years, she has worked with a variety of programs in the Community Health department in Region 4/5 North, such as the Cardiovascular Health and Wellness program, Diabetes Education and most recently, Public Health Improvement where she worked to build and strengthen community coalitions. She is excited to join the Immunization Program, and looks forward to working with her new team.

She's been married to Bryan for six years, and says they have 5 mostly grown kids (only two are still at home), a dog and two cats.

Alma Thompson ♦ Information Specialist

Public Information, Education, and Training Group

Alma Lydia Thompson was recently hired as an information specialist with the Public Information, Education and Training Group. Her responsibilities are to coordinate media campaigns and promote the programs within the Immunization Branch. She was previously a program specialist, developing and implementing public education and public awareness projects for the Texas Hepatitis C Initiative at the Texas Department of State Health Services. Her primary responsibilities during the past six years have been program planning and project management to develop health education materials and to coordinate media campaigns. Alma had previously worked as a writer, an editor, and a research specialist for the State Comptroller's Office for 10 years and has worked in the private sector. Alma has a Bachelor of Journalism with a specialization in public relations from the University of Texas at Austin.



Alma is kept busy outside DSHS by her two sons, ages 5 and 1. She is proud to declare that they, along with her husband Andrew, form a "Texas Longhorn household."

Kristin Hamlett ♦ Program Specialist

Contracts



Kristin Hamlett started work with the immunization program in 1995, but took a break to work for the Texas Early Childhood Intervention (ECI) program for several years. At ECI, she did both compliance monitoring and provided technical assistance for contracted programs. She is glad to be back with immunizations and has joined Anita Freeman and Janie Garcia working with local health departments on contracting, technical assistance, and capacity building projects. In her spare time, she enjoys doing yoga, reading, and hanging out with her husband, Steve, and their pets. What has most surprised people who knew her when she first worked for the Immunization Program is that she has added a DOG to her formerly all-feline household. ♦

New Immunization Requirements

- ◆ In addition to PCV7, children in certain high-risk groups aged two years and older are also required to have pneumococcal polysaccharide vaccine (PPV23);
- ◆ If a child starts late or may be high-risk, please refer the child to their doctor or clinic.

Children attending childcare who are two years of age or older will need two doses of the hepatitis A vaccine separated by six to 18 months.

- ◆ The requirement for students in grades kindergarten through third grade in specific high-incidence counties has not changed.

Other vaccines are also required for childcare and school attendance. For a complete list of these requirements, please visit the DSHS Immunization website at [ImmunizeTexas.com](http://immunizetexas.com).

Although the law requires that the immunizations be administered to the child on the date of first entry into the childcare facility, a child may be provisionally admitted if the required immunizations have begun and are completed as rapidly as medically feasible.

Health Service Regions and Local Health Departments are available for assistance with the implementation of HB 1316. For a list of contacts, please go to: <http://www.dshs.state.tx.us/regions/default.shtm>.

For a summary of pneumococcal recommendations, refer to the following pages. ◆

Advisory Committee on Immunization Practices (ACIP) Recommendations for Pneumococcal Conjugate Vaccine (PCV7) Vaccination Schedule for Health Care Providers

Previously unvaccinated children

Age at first dose in months	Primary Series	Additional dose
2-6	3 doses, 2 mos. apart *	1 dose at 12-15-mos. +
7-11	2 doses, 2 mos. apart *	1 dose at 12-15 mos. +
12-23	2 doses, 2 mos. apart δ	--
24-59 (healthy children)	1 dose	--
Children with sickle cell disease, asplenia, human immunodeficiency virus infection, chronic illness or immunocompromising conditions Ψ	2 doses, 2mos.apart *	--

* For Children vaccinated at age <1 year, minimum interval between doses is 4 weeks

+ The additional dose should be administered ≥ 8 weeks after the primary series has been completed

δ Minimum interval between doses is 8 weeks

Ψ Recommendations do not include children who have undergone a bone marrow transplantation

Recommendations For Use of 7-Valent Pneumococcal Conjugate Vaccine (PCV7) Among Children With a Lapse in Vaccine Administration

Age at Examination (mos.)	Previous Immunization History	Recommended Regimen
7-11	1 dose	1 dose of PCV7 at 7-11 mos. with a 2nd dose ≥ 2 mos. later, at 12-15 mos.
7-11	2 doses	Same regimen
12-23	1 dose before age 12 mos.	2 doses of PCV7 ≥ 2 mos. apart
12-23	2 doses before age 12 mos.	1 dose of PCV7 ≥ 2 mos. after the most recent dose
24-59	Any incomplete schedule	1 dose of PCV7§

§Children with certain chronic diseases or immunosuppressing conditions should receive two doses ≥ 2 mos. apart.

Summary of Recommendations for Use of 7-Valent Pneumococcal Conjugate Vaccine (PCV7) Among Infants and Children

Children for whom PCV7 is recommended

All children who are ≤ 23 mos.

All children who are 24-59 mos. with the following conditions:

- Sickle cell disease and other sickle cell hemoglobinopathies, congenital or acquired asplenia, or splenic dysfunction.
- Infection with human immunodeficiency virus
- Immunocompromising conditions, including
 - Congenital immunodeficiencies: B- (humoral) or T-lymphocyte deficiency; complement deficiencies particularly c1, c2, c3, and c4 deficiency; and phagocytic disorders, excluding chronic granulomatous disease
 - Renal failure and nephritic syndrome
 - Diseases associated with immunosuppressive therapy or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease; or solid organ transplantation.
- Chronic illness, including
 - Chronic cardiac disease, particularly cyanotic congenital heart disease and cardiac failure
 - Chronic pulmonary disease, excluding asthma unless on high dose corticosteroid therapy
 - Cerebrospinal fluid leaks
 - Diabetes mellitus

Children for whom PCV7 should be considered

All children aged 24-59 mos. with priority given to

- Children 24-35 mos.
- Children of Alaska Native or American Indian descent
- Children of African-American descent
- Children who attend group day care centers*

*Defined as a setting outside the home where a child regularly spends ≥ 4 hours per week with ≥ 2 unrelated children under adult supervision.

Note: (MMWR 08-08-2003 /52(31): 739-740)

- Children aged < 24 mos. with **cochlear implants** should receive PCV7, as is universally recommended; children with a lapse in vaccination should be vaccinated according to the catch-up schedule issued after the PCV7 shortage resolved.
- Children aged 24-59 mos. with **cochlear implants** who have not received PCV7, should be vaccinated according to the high-risk schedule; children with a lapse in vaccination should be vaccinated according to the catch-up schedule for persons at high risk issued after the PCV7 resolved. Children who have completed the PCV7 series should receive PPV23 ≥ 2 mos. after vaccination with PCV7.

Screening Patients Prior to Vaccination

by Susan Belisle, RN, BSN

When a patient comes to your office or clinic for vaccinations, the following questions should be asked and steps should be followed before administering vaccines.

1. Did the patient, parent, or guardian bring their immunization record or do they have a prescription for a specific vaccine?

♦ Can you determine which vaccines they need at this visit?

2. Give the patient, parent, or guardian the Vaccine Immunization Sheets (VIS) for the vaccines to be administered prior to the administration of the vaccine. This gives them an opportunity to read the VIS and ask questions.

3. Complete the screening questions for each vaccine.

♦ The following is the link to the *Child and Teen Screening Questionnaire*:

<http://www.immunize.org/catg.d/p4060scr.pdf>

♦ The following is the link to the *Adult Screening Questionnaire*:

<http://www.immunize.org/catg.d/p4065scr.pdf>

4. After screening and determining there are no contraindications for the vaccines to be administered, determine the site where you will administer the vaccine (subcutaneously or intramuscularly).

♦ Reference: <http://www.tdh.state.tx.us/immunize/docs/how2shot.pdf>

5. Double check the following:

♦ Is this the correct vaccine?

♦ Has the vaccine expired?

♦ Are you administering the vaccine (subcutaneously or intramuscularly) in the proper location?

6. After administering the vaccine, observe the patient for vaccine reactions. Assess the patient to determine if there are any signs of reactions. Most adverse reactions will be clinically noticeable within 20 minutes. Explain potential reactions and their treatment to the patient.

7. Use the observation time for educating. Ask the patient, parent, or guardian if they have any questions and explain any vaccinations that will be needed in the future.

8. In addition to standard patient record keeping, document the following:

♦ Vaccines administered

♦ Date of vaccination (month, day, year)



The *Giving All the Doses* Poster can be downloaded from the Immunization Branch website at

www.tdh.state.tx.us/immunize/docs/11-12155.pdf.

To order a copy of this poster, link to:

<http://www.tdh.state.tx.us/immunize/litlist.htm>.

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ImmTrac*Updates*

ImmTrac Promotional and Technical Workshop Presented in Austin

By: Cheryl Seeman, ImmTrac Group, and Belinda Preece, Health Service Region 2/3



The ImmTrac Group presented its first ImmTrac Promotional and Technical Workshop to 24 representatives from all DSHS regional offices on June 21 and 22. The purpose of the workshop was to provide Immunization Program staff across the state with the education and tools needed to serve as ImmTrac ambassadors in the field.

Over the two days, participants learned about recent changes in ImmTrac, legal issues regarding reporting and consent, interesting registry statistics, ideas for promotion, best practices as well as a “hands-on” introduction to the ImmTrac application and key ImmTrac features and capabilities.

Immunization Program staff is now prepared to educate, recruit, and train providers and other authorized ImmTrac users in their corresponding Health Service Regions. Based on workshop evaluations from attendees, the training was well received and appreciated by all attendees.

Belinda Preece, of HSR 2/3, was among those attending. She relates to The UpShot:

“On June 21 and 22, four staff from Region 2/3 attended ImmTrac training in Austin. Formal ImmTrac training had not been offered since I began in the Immunizations Program three years ago. Out of our group, two were quite knowledgeable and two were fairly new to ImmTrac. We made a great team!

On the first day, we got to know one another, covered the basics, and role-played various scenarios. The role-playing proved to be a productive learning experience and taught us much about others' perceptions.

Day two involved hands-on exercises. This was extremely useful since I had limited knowledge of ImmTrac. We went through the program step-by-step and even the old timers said they learned new things, such as using the reminder/recall function!

The ImmTrac staff was supportive and encouraging. To summarize, it was fun, educational, and an overall productive training.” ♦

www.ImmTrac.com

Immunization *News Briefs*

Compiled by Susan Belisle, RN, BSN

Chiron shrinks estimate of flu vaccine production

June 16, 2005 (CIDRAP News) – Chiron Corporation has announced it won't be able to provide as many influenza vaccine doses as previously estimated for the coming flu season, fraying a thread in the nation's fragile vaccine supply web.

Chiron expects to supply 18 million to 26 million doses of flu vaccine in the United States this year, instead of the 25 million to 30 million doses projected in April, the company said in a news release on June 15. Federal officials and industry executives said that if Chiron does supply the reduced amount, there would be enough vaccine to prevent a severe shortage, according to a *New York Times* report. But that assessment assumes that other companies will fulfill their projections.

MedImmune says chilled flu vaccine works as well as frozen

Jun 23, 2005 (CIDRAP News) - A refrigerated form of MedImmune's FluMist intranasal influenza vaccine has been shown to be as effective as the standard frozen form in stimulating the immune system, the company says.

Preliminary results from a randomized, double-blind, phase 3 bridging study involving 980 people at 26 US sites show comparable immune responses for the frozen formulation already on the market and the refrigerated vaccine, according to a MedImmune news release.

A *Washington Post* report said the need to store FluMist in a freezer has hindered widespread adoption of the nasal spray vaccine. Standard flu shots are stored in refrigerators, and the need for freezer storage causes inconvenience for many clinics, the story said.

Panel backs tougher hepatitis B guidelines

June 30, 2005 (USA Today)- Vaccine experts voted Wednesday to strengthen a recommendation that all healthy newborn babies get a hepatitis B shot before leaving the hospital, saying "exceptions should be rare" and should require documentation and follow-up.

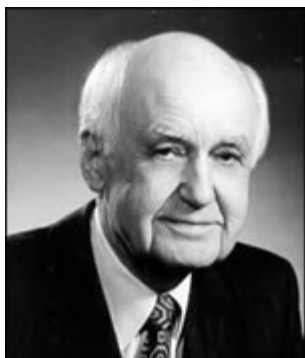
The current guidelines say the first shot should "preferably" be given while the newborn is still in the hospital but say it can be given up until the child reaches 2 months old if tests show the mother is not infected. The recommendation, which will not be final until approved by the Centers for Disease Control and Prevention, says a doctor's written order to delay the vaccine is needed, along with a lab report showing that the mother was not infected with the virus.

Studies show that immunization rates for children 19 months to 35 months increased from 8% to 92.4% from 1992 to 2003. Nationally, rates of infection in those age 19 and younger have dropped from 3.03 per 100,000 in 1990 to .34 per 100,000 in 2002. Among children age 4 and younger, the incidence declined 94%.

In 2001-02, 42% of cases in children who were born after 1991 were in those born overseas. The advisory committee also is recommending hepatitis B screening for children from Asia, the Pacific Islands, Africa and other countries where the prevalence of the disease is 2% or greater.

Microbiologist Maurice Hilleman Dies at 85

By Linda A. Johnson, Associated Press, reprinted with permission



TRENTON, N.J. — Each time an American mother takes her child to the doctor's office for a checkup, she likely leaves with the fruits of Maurice Hilleman's career — vaccines that have helped put

miseries.

Hilleman, a microbiologist who helped save millions of young lives by developing vaccines for mumps, measles, chickenpox and other maladies, died Monday at Chestnut Hill Hospital in Philadelphia. He was 85.

Over his career, the Miles City, Mont., native led or began the development of vaccines against diseases that once killed or hospitalized millions, including measles, German measles, meningitis, pneumonia, bacterial meningitis and hepatitis A and B. He began work on the mumps vaccine after his daughter, Jeryl Lynn, developed the illness at age 5 in 1963.

"Maurice Hilleman will be historically remembered as the vaccinologist of the 20th century," Dr. Robert C. Gallo, director of the Institute of Human Virology at the University of Maryland, said in a prepared statement. "His name will be joined forever with people like Pasteur and Koch in the story of man's strivings against pathogens."

Hilleman worked for Whitehouse Station-based Merck & Co. Inc. for nearly 30 years before retiring in 1984 as senior vice president of Merck Research Labs in West Point, Pa., the pharmaceutical company said.

Hilleman joined Merck in 1957 as head of its new virus and cell biology research department, after a decade as chief of respiratory diseases at Walter Reed Army Institute of Research.

He is credited with developing more vaccines than any person. He also was a co-discoverer of the adenoviruses, and discovered changes in the flu virus known as "drift." By monitoring these changes, public health agencies now track new flu viruses and create vaccines to prevent them.

"His work has saved literally millions of lives and has protected many millions more from disease," said Dr. Adel F. Mahmoud, president of Merck Vaccines. "Dr. Maurice Hilleman is one of the true scientific leaders of our time."

Hilleman was a longtime adviser to the World Health Organization, the U.S. National Vaccine Program and the National Institutes of Health's Office of AIDS Research Program Evaluation. He was a member of several prestigious scientific groups, including the U.S. National Academy of Science, and was awarded the National Medal of Science by President Ronald Reagan in July 1988.

He is survived by his wife Lorraine, daughters Kirsten of New York City and Jeryl Lynn of Palo Alto, Calif., and five grandchildren. Merck said it is planning a public memorial service. ♦

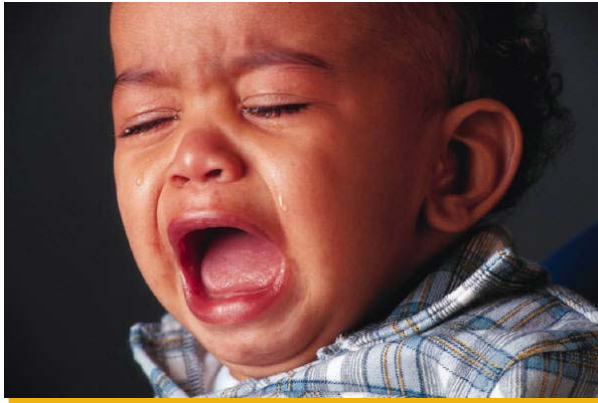
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Screening Patients Prior to Vaccination

- ♦ Vaccine manufacturer's vaccine lot number
- ♦ Injection site
- ♦ Name of the person that gave the vaccine and title (RN, LVN, etc.)
- ♦ Organization and address of clinic location
- ♦ Date of Vaccine Information Statement issued to patient, parent, or guardian.

This documentation is important if there is an adverse reaction and the actual dose needs to be traced.

Don't *Miss Out*:



Want to be included in the UpShot mailing list? Send us your e-mail address and we will notify you when the next issue is posted. You will also have access to updates and issues of the UpShot Express.

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